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Weekly Bulletin



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GUY P. JONES
EDITOR

Why Common Drinking Cup Is Dangerous.

The dangers of the common drinking cup are recognized generally, but the specific reasons for these dangers are not often enumerated. It is probable that the average person shuns the common drinking cup for aesthetic reasons, giving little thought to the actual menace to health that lies in its use. The United States Public Health Service, in one of its radio talks, has made a clear exposition of this menace. At this season of the year, when soft drinks are consumed in enormous quantities everywhere, the subject is of great importance. This talk reads as follows:

"Now that the warm months are upon us, when bodily and solar heat produce within us an exceptional craving for water and other drinks, it is well to recall the fact that there may be danger in satisfying this healthy thirst, unless care is exercised in doing so.

It is probably no exaggeration to say that every day there are in the United States, on an average, a million persons who suffer or are recovering from some communicable disease of some kind. Among the most prevalent and the most damaging of these ailments are the so-called 'respiratory diseases' and also we should place here the ordinary contagious diseases, practically all of which are conveyed by the secretions of the nose and mouth, and consequently by the common drinking cup. Included in these groups (respiratory and contagious diseases) are tuberculosis, pneumonia,

influenza, diphtheria, scarlet fever, measles, whooping cough, cerebro-spinal meningitis, poliomyelitis (better known as infantile paralysis), smallpox, chickenpox, mumps, German measles, septic sore throat, and last, but not least, the common cold. Some of these diseases may be conveyed in some other way, but certainly all of them may be conveyed by the secretions which escape from the body through the nose or mouth. They may be spread through articles that are carried to the mouth, such as glasses, cups, spoons, towels, handkerchiefs, and pencils, if such articles are used in common with other persons.

If one drinks from a glass that reaches him unsterilized from the previous use by a person whose mouth or lips contains the germs of any of these diseases, he exposes himself to the danger of contracting them. This danger has long been recognized by the sanitarians of the country, and it was, mainly through their insistence that the first effort was made to combat the continual danger from this source of infection. Kansas was the earliest of the states to enact a law against the common cup and the common towel and similar measures have since been placed on the statute books of forty-five other states.

In order to minimize the dangers of these diseases, and to prevent their being carried from one state to another, the Secretary of the Treasury, on recommendation of the Public Health Service in the year 1921, forbade the use of common drinking cups on trains, steamers, and other public carriers engaged in interstate commerce. The majority of the states themselves have also enacted

sanitary measures forbidding the use of the common drinking cup. In addition, many cities and towns have supplemented state laws and regulations with local ordinances which forbid the use of unsterilized drinking vessels at soda fountains, in hotels, restaurants, theaters, and other public places.

In so far as legislative action can protect—with the exception of two states—the public is protected against the common drinking cup. However, and this is the most difficult factor public health authorities have had to face, the people of the community for whom these safeguards have been devised, oftentimes fail to support the laws by failing to comply with them individually and by failing to insist on their enforcement.

Men and women thoughtlessly expose themselves to infection by these diseases, and, what is worse, they permit their children to suffer a like risk by drinking at soda fountains where they can even see that the glasses are not sterilized between users. In such a carelessly operated soda fountain there may be—in fact, there actually exists—a veritable 'germ exchange.' One wayside cart serving children from infected glasses, is a very potential danger to any community. Children ladling out lemonade in glasses that are contaminated with the diseases of others are in like manner a menace to those who are served. One ailing employee may cripple a large office force if a common drinking glass is in use.

A person suffering from any one of the diseases named, carries in his saliva the infecting agent of that disease, and unless the vessel from which he drinks is sterilized or destroyed, the next user takes a chance of becoming infected.

It is because of this menace to the public that the laws in general provide that there shall be sterilization of glasses after each use, or that cups shall be provided which may be used once and then destroyed. The process to be used in sterilizing is detailed in some of the laws bearing on this subject; Ohio, for example, prescribes the following method, namely, that after each individual service, the glass must first be washed by rinsing in cold water, then thoroughly washed in hot water with soap or suitable cleansing powder, or exposed to live steam, boiling water or hot air, the latter at a temperature of not less than 250 degrees Fahrenheit, for a period of not less than five minutes, then rinsed in clear cold water and drained. Heat, of course, is about the best sterilizer known. Boiling water kills most germs in five

minutes, and dead germs are harmless unless they exist in enormous numbers.

There is an obvious disposition on the part of many dispensers of soft drinks to avoid this sterilization process, and it is not uncommon for such glasses to be dipped and redipped until the water in which they are rinsed becomes a veritable cesspool of germs; and each time a glass is rinsed its potentiality for danger increases for the next user.

The difficulty of enforcing adequate sterilization has led some communities—for example, Durham and Goldsboro, North Carolina—to forbid the use of glasses in soft drink places altogether. At many state and county fairs they are also prohibited.

It is not alone in soft drink dispensaries that the dangers of the unclean glass may be encountered. These dangers may exist in restaurants, cafeterias, theaters, and many other places.

The individual manifests the same carelessness every time he uses a common drinking glass at a picnic, on a motoring trip, or in a camping ground or park. In the case of the motorist, the peril is aggravated by the fact that he may carry disease from one state to another.

Every man, woman and child has a responsibility in this matter, a responsibility to himself and to his followers. It is the duty of anyone who drinks at a soda fountain, a restaurant, or any other place, to find out whether the receptacle from which he drinks is safe, and, if not, to demand one that is. Insanitary conditions of whatever nature should be immediately reported to the local health authorities.

When traveling by motor, one should be sure that each member of his party is provided with his own individual drinking cup, and everybody concerned should take the utmost pains to avoid becoming infected, and to avoid carrying infection from one place to another. Most of all, the greatest vigilance should be observed for the protection of one's own and his neighbor's children. The young do not know enough to discriminate, and should be safeguarded against the ever present dangers of the common drinking cup or glass when such common receptacles are allowed to exist."



The public conscience is now awake, as it never has been before, to its duty toward the individual, and part of the awakening consists in realization of the value of modern discovery in its application to bodily and mental health. Moreover, all that is being done is affected by the better general education of the community at large, by the higher standard of life in respect of food and cleanliness.—McVail, J. C.

SPECIAL NOTICE TO HEALTH OFFICERS.

THE SEVENTEENTH ANNUAL CONFERENCE OF CALIFORNIA HEALTH OFFICERS WILL BE HELD IN LONG BEACH, SEPTEMBER 28-OCTOBER 3, 1925.

Plan Now to Attend Health Officers' Meeting.

The annual conference of health officers to be held in Long Beach September 28th to October 3d, promises to be one of the most important meetings of California health officials. No health officer can afford to miss attendance at these sessions. The program is now in the making. The most important subjects for discussion will be the control of poliomyelitis, smallpox and plague. There will be demonstrations of technique in immunization procedures, including vaccination against smallpox, administration of toxin antitoxin and scarlet fever immunization.

More Poliomyelitis Cases Are Reported.

Seventy-two cases of poliomyelitis were reported during the week ended August 8th. This constitutes a greater number of cases than have ever been reported during a single week in California. Because of the marked increase in the prevalence of the disease, health officers have been requested to report cases each day. This procedure will enable the State Board of Health to keep a close check upon the trend of the outbreak and will facilitate the rendering of such assistance as may be helpful in checking the spread of the disease. The transmission of reports of cases of poliomyelitis, as soon as they may be received in the local health office, is a matter of importance at the present time and health officers who comply with this request will render a valuable service to the state.

New Health Officers Receive Appointments.

Mr. J. J. Saunders has been appointed health officer of Covina. It should be noted that East Covina is under the supervision of the Los Angeles County Health Department, but that the city of Covina is not included under county supervision.

Mr. C. E. Wood has been appointed health officer of Oakdale, succeeding Mr. R. L. Acker, deceased.

Typhoid in California and in Other States.

The following tables, showing the prevalence of typhoid fever in 33 states during the seven weeks ended July 25, 1925, indicate that this disease is less prevalent this year in California, although the disease is considerably more prevalent in most other states. It will be noted that for the specified period typhoid fever is 50 per cent more prevalent this year, in the 33 states, than it was during the corresponding period of last year.

Summary of Reports for the Seven Weeks Ended July 25, 1925, and for the Corresponding Period of 1924.

The following tables show the number of cases of typhoid fever reported by state health officers of 33 states for the seven weeks from June 7 to July 25, 1925, and from June 8 to July 26, 1924. Improvement in the percentage of cases reported may account, in part at least, for the apparent increase in some states:

Cases of typhoid fever reported by state health officers for the seven weeks ended July 25, 1925, compared with reports for the corresponding period of 1924.

State	1925	1924
Maine	20	83
Vermont	1	2
Massachusetts	88	76
Connecticut	24	34
New York	353	421
New Jersey	148	72
Indiana	178	74
Illinois	270	154
Michigan	67	81
Wisconsin	17	27
Minnesota	21	35
Missouri	219	74
South Dakota	6	11
Nebraska	10	9
Kansas	146	70
Delaware	12	6
Maryland	106	151
District of Columbia	16	9
West Virginia	29	37
North Carolina	369	364
Georgia	636	145
Florida	125	106
Alabama	548	311
Arkansas	316	110
Louisiana	497	163
Texas	215	88
Montana	14	16
Wyoming	7	8
Colorado	30	24
New Mexico	45	42
Arizona	18	21
Washington	47	45
Oregon	19	29
California	112	162
Totals	4729	3060

Cases of typhoid fever reported by the health officers of 33 states and the District of Columbia June 7 to July 25, 1925, and June 8 to July 26, 1924, by weeks.

Week ended	1925	1924
June 13, 1925; June 14, 1924	479	324
June 20, 1925; June 21, 1924	500	349
June 27, 1925; June 28, 1924	649	276
July 4, 1925; July 5, 1924	612	368
July 11, 1925; July 12, 1924	827	535
July 18, 1925; July 19, 1924	817	602
July 25, 1925; July 26, 1924	845	606
Totals	4729	3060

MORBIDITY.***Diphtheria.**

73 cases of diphtheria have been reported, as follows: San Francisco 23, Los Angeles 16, Oakland 7, Sacramento 5, Los Angeles County 3, Berkeley 2, Madera 1, Burlingame 1, Santa Cruz 1, Mountain View 1, Stockton 1, San Luis Obispo County 3, Gilroy 1, Kings County 1, Burbank 1, Merced County 1, Willits 1, Fresno 1, Alhambra 1, Corona 2.

Measles.

18 cases of measles have been reported, as follows: Los Angeles 6, Pasadena 1, Los Angeles County 4, San Francisco 4, Corona 3.

Scarlet Fever.

53 cases of scarlet fever have been reported, as follows: Los Angeles 12, San Luis Obispo County 8, San Jose 5, Compton 1, Hanford 1, San Leandro 1, Orange County 1, San Joaquin County 2, Oakland 2, Sacramento 2, Los Angeles County 4, Stockton 1, Long Beach 1, Monterey County 4, Sonoma County 2, Alameda 2, San Francisco 3, Berkeley 1.

Smallpox.

47 cases of smallpox have been reported, as follows: Oakland 14, Los Angeles 15, Orange 5, San Francisco 3, San Diego 1, Orange County 1, Colusa County 1, San Diego County 1, Los Angeles County 4, Ontario 1, Burlingame 1.

Whooping Cough.

151 cases of whooping cough have been reported, as follows: San Francisco 21, Los Angeles 21, Pasadena 19, San Diego 15, Los Angeles County 12, Berkeley 12, San Diego County 7, Marin County 2, Santa Clara County

1, Monterey County 4, Paso Robles 2, Alameda 3, Fresno County 2, Fillmore 3, Palo Alto 3, Fresno 3, San Joaquin County 3, Santa Ana 4, Long Beach 2, Stockton 4, Monrovia 4, El Monte 1, Oakland 3.

Typhoid Fever.

27 cases of typhoid fever have been reported, as follows: San Joaquin County 7, San Francisco 1, Lassen County 1, Santa Clara County 1, Tuolumne County 3, Sacramento County 2, Amador County 1, Blythe 1, El Dorado County 1, Sonoma County 1, Long Beach 1, Los Angeles 1, Oakland 3, Sacramento 1, California 2.

Epidemic Meningitis.

2 cases of epidemic meningitis have been reported, as follows: Long Beach 1, Riverside 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Arcadia 1, Colton 1, Sacramento 1.

Poliomyelitis.

64 cases of poliomyelitis have been reported, as follows: San Francisco 8, Los Angeles 17, Los Angeles County 7, Stockton 1, Pasadena 1, Long Beach 4, Kern County 1, Sonoma County 2, San Mateo County 2, Hemet 1, Fresno 1, Orange County 1, Santa Cruz 1, Fresno County 1, Modesto 1, Grass Valley 1, Oakland 2, Gilroy 1, Del Norte County 1, San Anselmo 1, Berkeley 1, Sacramento 2, Lynwood 1, San Diego 1, Susanville 1, Corona 2, San Gabriel 1.

* From reports received on August 10th and 11th for week ending August 8th.

COMMUNICABLE DISEASE REPORTS.

Disease	1925				1924			
	Week ending			Reports for week ending Aug. 8 received by Aug. 11	Week ending			Reports for week ending Aug. 9 received by Aug. 12
	July 18	July 25	Aug. 1		July 19	July 26	Aug. 2	
Anthrax.....	0	0	1	0	0	0	0	0
Chickenpox.....	48	47	36	40	88	45	55	37
Diphtheria.....	63	63	62	73	180	166	137	144
Dysentery (Bacillary).....	0	1	1	2	0	0	0	0
Epidemic Encephalitis.....	2	1	2	3	1	0	4	2
Epidemic Meningitis.....	1	2	0	2	3	1	2	1
Gonorrhoea.....	66	96	81	123	40	75	64	104
Influenza.....	6	4	7	4	4	4	4	5
Leprosy.....	1	1	0	1	1	0	1	0
Malaria.....	3	1	4	0	1	1	1	1
Measles.....	34	30	19	18	48	54	43	35
Mumps.....	60	89	70	49	14	28	9	14
Pneumonia.....	25	25	24	26	28	22	18	27
Poliomyelitis.....	50	57	55	64	3	2	0	1
Scarlet Fever.....	44	43	41	53	69	48	49	40
Smallpox.....	60	58	46	47	83	84	63	63
Syphilis.....	110	108	79	231	62	135	82	157
Tuberculosis.....	137	175	173	175	241	116	199	160
Typhoid Fever.....	22	34	32	27	37	35	22	26
Whooping Cough.....	158	190	204	151	66	59	78	55
Totals.....	890	1025	937	1089	969	875	831	872

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